

CROSS SYSTEM CRISIS PREVENTION AND INTERVENTION PLAN

Disabilities							
DATE OF PLAN	CLIENT NAME				DATE OF BIRTH		
MH AGENCY	1	MH AGENCY TELEPHONE	MH CASE MANAGER		MH CM TELEPHONE		
MH CRISIS TELEPHONE	LEGAL REPRESE	L ENTATIVE'S NAME		LEGAL REF	PRESENTATIVE'S TELEPHONE		
RESIDENTIAL SUPPORT NAME				RES SUPPORT TELEPHONE			
DDD CASE RESOURCE MANA	GER		DDD CRM TELEPHONE		DATE ARCHIVED		
MH DIAGNOSIS (DSM IV-TR FO	ORMAT)				1		
Axis I:							
Axis II:							
Axis III:							
Axis IV:							
Avia V (highest in past ve	.01).						
Axis V (highest in past ye	ear):						
Insurance information (provider contact information AND Client Identification Number):							
modification (provider contact information AND Offent Identification Number).							
Medication (include resident	ential provider a	nd contact information for	current medication record):				
AT RISK ISSUES Medical concerns (include allergies, medication, sensitivities):							
Wedical concerns (include	e allergies, medi	cation, sensitivities).					
Suicide:							
Aggression:							
Elopement:							
Sexual:							

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Logoly					
Legal:					
Other:					
IN THE FOLLOWING SECTION, DESCRIBE HOW THE CLIENT TYPICALLY PRESENTS AND/OR FUNCTIONS					
Communication style (primary language, preferred modes, expressive, and receptive ability):					
Strengths/skills/interests (interpersonal, social, self care, other):					
Typical sleep patterns:					
Typical daily activities:					
Typical daily activities.					
Capacity to handle stress/change:					
Interventions that work:					
Interventions to avoid:					

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HIERARCHY OF BEHAVIORS SECTION						
SYMPTOMS OF INCREASED DIFFICULTY OR DISTRESS	INTERVENTIONS					
RANKED IN SEQUENCE	(INCLUDE CONTACT NAMES AND TELEPHONE NUMBERS)					
Stage description						
Possible causes/triggers						
Stage description						
Possible causes/triggers						
Stage description						
Possible causes/triggers						
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Stage description						
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Stage description						
Possible causes/triggers						

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CROSS SYSTEM CRISIS PREVENTION AND INTERVENTION PLAN SIGNATURE PAGE

SIGNATURE	DATE	PRINTED NAME	TELEPHONE NUMBER
LEGAL REPRESENTATIVE			
FAMILY MEMBER			
FAMILY MEMBER			
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RESIDENTIAL PROGRAM REPRESENTATIVE			
RESIDENTIAL PROGRAM REPRESENTATIVE			
DDD CASE RESOURCE MANAGER			
MENTAL HEALTH CASE MANAGER			
LILL ODIOIS TEAMAITMEN			
MH CRISIS TEAM MEMBER			
VOCATIONAL PROGRAM REPRESENTATIVE			
OTHER (STATE ROLE)			
OTHER (OTATE BOLE)			
OTHER (STATE ROLE)			
OTHER (STATE ROLE)			
,			
OTHER (STATE ROLE)			

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